

(1) PLACE OF BIRTH

County of Lexington....
 Township of Sabula.....
 or
 Inc. Town of Chapin.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

7729

Registration District No. 3111... Registered No. 6.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give the name of same instead of street and number.)

(2) Full Name of Child Lonzo Ralph Bunday If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH March 11, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Union Avery Bunday(9) PRESENT POSTOFFICE OF FATHER Chapin(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth ten 10

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Cannon(15) PRESENT POSTOFFICE OF MOTHER Chapin(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE Lexington(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 9 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive..... at P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Chapin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness Artie Bower midchapin
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Mar 20, 1923 (28) J. W. S. S. S. S. S.
 Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
 before the fifth month of pregnancy.